

Perspectives in Veterinary Medicine

Tale of Two Cab Drivers

By Dr. Donald F. Smith

August 11, 2014

I often talk to taxi drivers and last Friday was no exception. A stately 50-something Indian man with a neatly-trimmed greying beard picked me up at LGA and took me to a hotel in midtown for a late afternoon meeting. As we were leaving the airport grounds, I inquired how he liked the new mayor, (“Too soon to tell.”).¹ Narrowing the question, I asked what he thought of how de Blasio had been settling contracts with the labor unions (“Reminds me of Dinkins; he was my favorite mayor.”).

As our car slowed to a crawl along the FDR adjacent to the Animal Medical Center at 62st Street, I asked him if had any good stories of taking people and unusual pets during the night hours to the famous referral center. He twisted around to see the dark grey Elmer and Mamdouha Bobst Hospital sign, and wryly smiled. I could not interpret his expression but decided not to pursue it.

It did start a conversation, however, about animals, mostly dogs and cats, and he asked me questions about what it was like being a veterinarian. He seemed suspicious of my work with farm animals and deftly inserted a comment with conviction, proclaiming, “I am a vegetarian”. When we drove alongside a car with MD on its license, he asked if veterinarians use the same designation. I explained the DVM degree.

The following morning, I was picked up near Times Square by Sal, a 30-year-old man of Russian and Iranian descent who drove me to 30th and First. The husband of an Indian woman, he had a degree from Queens College and was articulate and obviously well-read. He had been a cab driver on and off for ten years.

A devout Muslim with a rich command of comparative religions, we discussed some of the nuances separating Islam, Judaism, and Christianity. Then Sal discovered my association with veterinary medicine and the conversation changed abruptly. He transitioned into a story of his childhood duck. “She followed me everywhere,”² he said, and when his duck developed an eye infection, he sought medical advice.

“I called the veterinary clinic and asked if they took Medicaid for ducks,” he told me with a hearty laugh. Then he stared straight into the stopped traffic ahead of us and his voice turned cold. Though he was just eight-years-old at the time, “I couldn’t believe they wouldn’t provide the same health care for ducks as they do for people.” In an accusatory tone, he asked me to estimate the cost the clinic would have charged to look at his duck and was surprised that I said

\$400, as it was exactly what he was quoted 22 years ago. The duck died two days later (without medical attention, of course), and he buried him in his back yard in Queens.

These encounters reignited my thinking about the component of One Health that unites animal and human medicine in a psychological, as well as human health sense. The great paradox of the human-animal bond is that, while we may regard pets as family members, society's provision for human health care is several orders of magnitude removed. Perhaps the young boy could bury his duck in relative peace and move on other activities, but what about the elderly widower whose only family companion is an aging, unkempt dog, or a sweet budgie that sits on his shoulder and tenderly plays with his earlobe when he whistles a certain tune.

What would be the added cost to society's \$3.5 trillion health care bill if there were no animals by our side? How can Congress and the health care business be so incomprehensibly ignorant about the value of animals to human health (as well as the threat via zoonotic disease) so as not to include the word *veterinarian* even once in the weighty 2,700-plus pages of the Affordable Care Act?

Veterinarians have also missed the point. The admission committees of our colleges diligently screen prospective veterinary students for animal and veterinary experience. Fifteen points for working with a small animal veterinarian, ten for doing research, five bonus points for demonstrated leadership experience. But for the first generation Asian-American pre-veterinary student from Brooklyn who has fulfilled all the health prerequisites at New York University, *ten points off for lacking farm animal veterinary experience*. The hapless applicant explains that there are no farms in New York City, but the demerit persists and after an unsuccessful reapplication the following year, she settles for her second choice (human medicine), and is admitted to Stanford in a MD-PhD program. Sadly, it's reminiscent of the 1930s when we lost a whole generation of brilliant young students because of our restrictive admission policies anchored in the land grant tradition.³

While it's almost heretical to proclaim in some circles of our profession, I believe the world of veterinary medicine is still marching too closely to the beat of Senator Morrill's world of 1862.⁴ Of course, we still need to maintain our strengths in rural animal care, in pet medicine and public health and, as we heard yet again at the Denver AVMA Convention from Mark Cushing, we still have room for expansion of our work force for animal care.⁵

But of far greater consequence, is a larger opportunity for veterinary medicine in human health and wellbeing. The world waits for us to create a new paradigm in which veterinarians more clearly focus on understanding the human condition and how animals—pets, in particular—can help provide companionship, encourage physical activity, foster social engagement and lower blood pressure. There is a whole, unexplored medical realm of what veterinarian Kate Hodgson calls *zooeiyia*, tapping the direct health benefits that animals provide to people.⁶

The world will not wait for us much longer as family health physicians and insurance providers are starting to see the positive impact of zooeyia on lowering health care costs and improving the human condition.

Are we willing to sit idly by as the MDs enter the veterinary market though the back door? Veterinarians should be promoting *and caring for* pets in hospitals, retirement homes, Hospice centers, childcare facilities, jails. We could even substitute veterinarian-supervised dogs for the armed guards in our schools. . Instead of legislating the size of soda drinks and lunch menus, veterinarians should advocate increasing the activity of children, “Get up before school and exercise your dog, preferably with your father or mother.”

If a one percent reduction in human health care that can be attributed to zooeyia represents a doubling of the veterinary pet care market why are we still squabbling over a mismatch in supply and demand?

¹ Anonymous (New York City taxi driver), conversation with Donald F. Smith (Cornell University). July 31, 2014.

² Sal (New York City taxi driver), conversation with Donald F. Smith (Cornell University). Aug 1, 2014.

³ Smith, Donald F. “Challenging the Land-Grant Mission: Cornell’s Class of 1939.” *Perspectives in Veterinary Medicine*. December 15, 2013. <https://www.veritasdvmblog.com/challenging-land-grant-mission-cornells-class-1939/>

⁴ Morrill was the Senator from Vermont who crafted the Land Grant Act that was signed by President Lincoln in 1862.

⁵ Burns, Katie. [Sessions explore issues in supply of veterinarians](http://digitaleditions.sheridan.com/publication/?i=219339). *151st AVMA Annual Convention Daily News*, July 29, 2014, 4.<http://digitaleditions.sheridan.com/publication/?i=219339>

⁶ Hodgson, K. and M. Darling. Zooeyia: An essential component of “One Health”. *Can Vet J*. 52(2), 189-19, 2011.

KEYWORDS:

Zooeyia
One Health
Kate Hodgson
History of Veterinary Medicine
Animal Medical Center
Veterinary Workforce

TOPIC:

One Health

LEADING QUESTION:

Is there room for expanding the veterinary workforce?

META-SUMMARY:

A conversation with two taxi drivers lends credibility to the need for increased diversity of background and commitment of veterinarians.

ABOUT THE AUTHOR:

Dr. Donald F. Smith, Dean Emeritus of the Cornell University College of Veterinary Medicine, had a passion for the value of the history of veterinary medicine as a gateway for understanding the present and the future of the profession.

Throughout his many professional roles from professor of surgery, to Department Chair of Clinical Sciences, Associate Dean of Education and of Academic Programs and Dean, he spearheaded changes in curriculum, clinical services, diagnostic services and more. He was a diplomat of the American College of Veterinary Surgeons and a member of the National Academy of Practices. Most recently he played a major role in increasing the role of women in veterinary leadership.

Perspectives in Veterinary Medicine is one of his projects where he was able to share his vast knowledge of the profession.